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CONFIRMATION NO. 4552

SERIAL NUMBER 10/763,410	FILING DATE 01/23/2004 RULE	CLASS 002	GROUP ART UNIT 3765	ATTORNEY DOCKET NO. 04394/0200800-USO										
APPLICANTS Cin Kim, Montvale, NJ;														
** CONTINUING DATA ***** - None - <i>PK</i>														
** FOREIGN APPLICATIONS ***** - None - <i>PK</i>														
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/29/2004														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width: 10%; text-align: center; vertical-align: top;"> STATE OR COUNTRY NJ </td> <td style="width: 10%; text-align: center; vertical-align: top;"> SHEETS DRAWING 3 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> TOTAL CLAIMS 3 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> INDEPENDENT CLAIMS 3 </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 3	TOTAL CLAIMS 3	INDEPENDENT CLAIMS 3					
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ADDRESS 7278 DARBY & DARBY P.C. P. O. BOX 5257 NEW YORK, NY 10150-5257														
TITLE Tie and shirt combination secured with an elastic band														
FILING FEE RECEIVED 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;"><input type="checkbox"/></td> <td>All Fees</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </table>					<input type="checkbox"/>	All Fees	<input type="checkbox"/>	1.16 Fees (Filing)	<input type="checkbox"/>	1.17 Fees (Processing Ext. of time)	<input type="checkbox"/>	1.18 Fees (Issue)	<input type="checkbox"/>	Other _____
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